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Invoice ID: 2375256
Created on 4/18/2016 5:27 PM
Last updated on 4/18/2016 5:27 PM

Applicant Form Identifier 15_7-12 FRN 2730417

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
WEST NODAWAY SCHOOL	137161	Identification Number (SPIN)
DIST R 1		143001973

Applicant FCC Form 498 ID

4. Contact Name	RICHARD SENTURIA
5. Contact Telephone Phone	(314) 282-3676
Contact Fax	(314) 395-5882
Contact Email	erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 1091.55

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1005196	2730417		7/1/2015		\$ 303.43	60	\$ 182.06	AWAITING CERTIFICATION
2) 1005196	2730417		8/1/2015		\$ 303.43	60	\$ 182.06	AWAITING CERTIFICATION
3) 1005196	2730417		9/1/2015		\$ 303.43	60	\$ 182.06	AWAITING CERTIFICATION
4) 1005196	2730417		10/1/2015		\$ 302.99	60	\$ 181.79	AWAITING CERTIFICATION
5) 1005196	2730417		11/1/2015		\$ 302.99	60	\$ 181.79	AWAITING CERTIFICATION
6) 1005196	2730417		12/1/2015		\$ 302.99	60	\$ 181.79	AWAITING CERTIFICATION

Block 3: Billed Entity Certification[Need Help?](#)**Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 4/18/2016

17. Name RICHARD SENTURIA

18. Title/Position CONSULTANT

20. Address 1 9666 OLIVE BLVD

Address 2 SUITE 215

City OLIVETTE

State MO

Zip Code 63132 -

19. Phone Number (314) 282-3676

19a. Fax Number (314) 395-5882

19b. Email erp@erateprogram.com

19c. Name of Authorized eRate Program, LLC

Person's Employer

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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Invoice ID: 2663896
Created on 8/16/2017 1:51 PM
Last updated on 8/18/2017 5:08 AM

Applicant Form Identifier 15_7-6 FRN 2730417

Block 1: Header Information

Need Help?

1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
WEST NODAWAY SCHOOL	137161	Identification Number (SPIN)
DIST R 1		143001973
Applicant FCC Form 498 ID		
443010996		

4. Contact Name	RICHARD SENTURIA
5. Contact Telephone Phone	(314) 282-3676
Contact Fax	(314) 395-5882
Contact Email	erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 2198.44

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number	8. Funding Request Number (FRN)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
(from Funding Commitment Decision Letter)	(from Funding Commitment Decision Letter)							
1) 1005196	2730417	MONTHLY	7/1/2015		\$ 303.43	60	\$ 182.06	COMPLETED
2) 1005196	2730417	MONTHLY	8/1/2015		\$ 303.43	60	\$ 182.06	COMPLETED
3) 1005196	2730417	MONTHLY	9/1/2015		\$ 303.43	60	\$ 182.06	COMPLETED
4) 1005196	2730417	MONTHLY	10/1/2015		\$ 302.99	60	\$ 181.79	COMPLETED
5) 1005196	2730417	MONTHLY	11/1/2015		\$ 302.99	60	\$ 181.79	COMPLETED
6) 1005196	2730417	MONTHLY	12/1/2015		\$ 302.99	60	\$ 181.79	COMPLETED
7) 1005196	2730417	MONTHLY	1/1/2016		\$ 304.63	60	\$ 182.78	COMPLETED
8) 1005196	2730417	MONTHLY	2/1/2016		\$ 304.63	60	\$ 182.78	COMPLETED
9) 1005196	2730417	MONTHLY	3/1/2016		\$ 304.63	60	\$ 182.78	COMPLETED

10)	1005196	2730417	MONTHLY	4/1/2016	\$ 304.30	60	\$ 182.58	COMPLETED
11)	1005196	2730417	MONTHLY	5/1/2016	\$ 304.30	60	\$ 182.58	COMPLETED
12)	1005196	2730417	MONTHLY	6/1/2016	\$ 322.32	60	\$ 193.39	COMPLETED

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

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Submission Date 8/16/2017

17. Name RICHARD SENTURIA
 18. Title/Position CONSULTANT
 20. Address 1 9666 OLIVE BLVD
 Address 2 SUITE 215
 City OLIVETTE
 State MO
 Zip Code 63132 -

19. Phone Number (314) 282-3676
 19a. Fax Number (314) 395-5882
 19b. Email erp@erateprogram.com
 19c. Name of Authorized Person's Employer eRate Program, LLC

OMB Number 3060 - 0856 Form 472

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